# FEATURING BEST PRACTICES
# OF STATE AGENCIES AND INSTITUTIONS OF THE COMMONWEALTH OF VIRGINIA

# Laboratory Screening for Sexually Transmitted Diseases
# Laboratory Test for *Chlamydia Trachomatis*

## Virginia Department of Health
**implemented this best practice**
**in June 1999**

***Qualifying under the Best Practices catalogue***

2 Acquire Resources
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221 Conduct research

## Best Practice Summary
**(how it works, how you measure it)**

In October 1997, the Division of HIV/STD of the Virginia Department of Health and the Division of Consolidated Laboratories (DCLS) of the Department of General Services piloted a chlamydia screening program in 15 health districts utilizing Abbott LCx amplified technology. Amplified test technology has proved to be superior to Syva Microtrak EIA with a positivity of 9.5% for LCx compared to 6% for EIA. Although this technology is superior, it is very costly. With limited resources, the Division was unable to continue its use at the current cost. In an attempt to continue the use of this superior technology at an affordable cost, DCLS validated the

pooling of endocervical swab specimens utilizing amplified technology in May 1999. The pooling process consists of testing groups of specimens together versus running the specimens individually. Based on the validation of the pooling process, four specimens were found to be the most cost effective pool size. As of June 1999, the Division has discontinued the testing of individual specimens and began to pilot pooling of specimens utilizing amplified technology within the selected 15 health districts. This project is currently being monitored and evaluated based on positivity rates and cost comparisons.

## Impact on the Process Organizational Performance (OUTCOMES)

Preliminary findings suggest that utilizing pooled LCx endocervical swab specimens offer comparable results when measured against the individual swab. From July - September 1998, the positivity rate for individual swabs averaged 8.99% compared to an average of 9.01% for pooled swabs for July - September 1999. The cost savings for pooled LCx testing is approximately $4.00 per test resulting in an estimated annual saving of $144,384. Pooling allows use of superior technology (Nucleic Acid Amplification Testing vs. EIA) while reducing overall cost.

## Best Practice Qualification

Currently, very little literature exists on the pooling of endocervical swabs utilizing amplified technology. Virginia is one of four states participating in this pooling project.

## For Additional Information

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